



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
MARKETING AND COOPERATIVE EDUCATION SECTION

Application for Renewal of Marketing and Cooperative Education Teaching Certificate

Name _____
(last) (first) (M.I.)

Social Security Number _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip Code _____

Expiration Date of current certificate ____/____/____

Vocational Certificate(s)

☐ Cooperative Occupational Education

☐ Cooperative industrial Education

☐ Marketing Education

A. MVA Summer Conference Attendance: include documentation of attendance (copy of name badge, registration receipt)

Dates of attendance

____/____/____
(year)

B. College Credit Courses: include copy of transcript or grade report

Course	Date	Institution	Semester Hrs
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Substitutions: include documentation

List workshops of 15 clock hours or longer:

Workshop	title	Sponsored by
_____	_____	_____
_____	_____	_____

Occupational experience

Employed by	position	dates	number of hours
_____	_____	_____	_____

RETURN TO: DIRECTOR, MCE, P.O. BOX 480, JEFFERSON CITY, MO 65102-0480